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FROM : Winston Hsu, PATENT AGENT, REG. NO. : 41,526

SERIAL NO. : 10/709,427

ATTORNEY DOCKET NO.: FTCP0036USA

SUBJECT: Authorization to Act in a Representative Capacity Form

TOTAL PAGES : 2 PAGES (INCLUDING COVER PAGE)


Winston Hsu 06/23/2006

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Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Cheng-Yen Huang						
Application No. 10/709,427						
Filed: 05/05/2004						
Title: CHIP-PACKAGING WITH BONDING OPTIONS HAVING A PLURALITY OF PACKAGE SUBSTRATES						
Attorney Docket No. FTCP0036USA	Art Unit: 2822					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td>Scott Margo</td> <td>56,277</td> </tr> </tbody> </table>			Name	Registration Number	Scott Margo	56,277
Name	Registration Number					
Scott Margo	56,277					
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>						
SIGNATURE of Practitioner of Record						
Signature		Date JUN 23 2006				
Name	Winston Hsu	Registration No., if applicable 41,526				
Telephone	302-729-1562					

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.